



**Louisville-Jefferson County Metro Government**  
**AIR POLLUTION CONTROL DISTRICT**  
850 Barret Avenue, Suite 205, Louisville, KY 40204-1745  
(502) 574-6000 Fax: (502) 574-5607

**ASBESTOS DEMOLITION & RENOVATION NOTIFICATION FORM**

This form is to be filled out and filed with the District at least ten (10) days before starting the asbestos removal or other work which would disturb the ACM. After notification is filed, if developments occur that invalidate the reported information, an amended form must be filed.

**Type of Notification:** NESHAP \_\_\_\_\_, GLOVEBAG \_\_\_\_\_, or CATEGORY I/II \_\_\_\_\_

Notification per 40 CFR 61.145(a)(2) (*less than reportable quantity*) \_\_\_\_\_

Tracking No. \_\_\_\_\_ Code Ent. Form No. \_\_\_\_\_ Permit No. \_\_\_\_\_

**1. FACILITY OWNER or OPERATOR:** \_\_\_\_\_

A d d r e s s : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

Date Notification  
Received

**2. LOCATION of PROJECT:** Name of Building: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Abatement location (building, room, roof, etc.) \_\_\_\_\_

Building age: \_\_\_\_\_, Present/prior use: \_\_\_\_\_, Size: \_\_\_\_\_, Floors: \_\_\_\_\_

**3. ABATEMENT CONTRACTOR:** Name: \_\_\_\_\_

Address: \_\_\_\_\_, Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Kentucky Certification No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**4. RESPONSIBLE FOR PERMIT (billing):** Name: \_\_\_\_\_

Address: \_\_\_\_\_, Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

5. **WASTE TRANSPORTER:** Name: \_\_\_\_\_

Address: \_\_\_\_\_, Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

6. **WASTE DISPOSAL SITE:** \_\_\_\_\_

Address: \_\_\_\_\_, Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

7. **TYPE of PROJECT:** Planned Renovation \_\_\_\_\_, Long term (Blanket) 

|  |   |   |
|--|---|---|
|  | / | / |
|--|---|---|

Emergency Renovation \_\_\_\_\_ (attach a description of the applicable event)

Demolition \_\_\_\_\_ (no asbestos), Ordered Demolition \_\_\_\_\_ (attach order)

8. **Scheduled start date:**

|  |   |   |
|--|---|---|
|  | / | / |
|--|---|---|

|  |
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|  |
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**8A. Scheduled completion date:**

9. **Asbestos present?** \_\_\_\_\_, **Survey conducted?** \_\_\_\_\_, **Performed by:** \_\_\_\_\_

10. **Amount and type of material to be removed:**

Amount IN

**Friable : All**

**Category I/II**

Linear feet

Square Feet

Cubic Feet

11. **Disposal amounts from project in cubic yards of waste:** \_\_\_\_\_

12. **Disposal schedule:**

\_\_\_\_\_

13. **Asbestos type & percent** (i.e. 10% Chrysotile, etc.) \_\_\_\_\_

14. **Description of the planned renovation/demolition project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15. Abatement procedures used to comply with Regulations 5.04 & 5.13:**

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**16. Contingency plan to address any additional ACM discovered during D/R:**

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/ /

**17. Name(s) of Trained Supervisory Person(s) in attendance during abatement:**

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**18. I certify that at least one trained person listed on contractor's Kentucky issued certificate will supervise the abatement work described herein.**

Signature: \_\_\_\_\_ Date: 

/ /

 Representing: \_\_\_\_\_

**19. Notification information submitted and certified by:**

\_\_\_\_\_  
Signature

Date: (\_\_\_\_\_) - \_\_\_\_\_  
Phone No. \_\_\_\_\_

|                                 |       |              |
|---------------------------------|-------|--------------|
|                                 |       |              |
| Name (Person, typed or printed) | Title | Representing |

Information supplied in this Notification shall serve as an application for a District permit to perform an asbestos abatement project at an affected facility.

The appropriate fee must be paid prior to permit issuance.

Permit No. \_\_\_\_\_ issued upon receipt of Check, cash receipt, or PO No. \_\_\_\_\_

\* Attach additional sheets if necessary.